

CLAIMANT'S NAME Brian Hebert			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Law Revision Commission											
POSITION Executive Secretary			CB/ID NUMBER 5762/E99			DIVISION OR BUREAU			INDEX NUMBER								
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS 3200-5th Avenue						TELEPHONE NUMBER 916-739-7071					
CITY			STATE CA			ZIP CODE			CITY Sacramento			STATE CA			ZIP CODE 95817		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
4 / 09				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(2) DATE	TIME										MILES	AMOUNT		
27	1035 1122	Capitol						PC	3:00	6	3:30		6:30	
30	1013 1246	Capitol						PC	9:00	6	3:30		12:30	
5/5	1218 1315	Capitol						PC	3:00	6	3:30		6:30	
7	1015 1127	Sacramento						PC	6:00	6	3:30		9:30	
12	0840 0936	Capitol						PC	3:00	6	3:30		6:30	
20	0900 1600	Davis-Oakland						PC	3:00	140	77:00		80:00	
21	1500 1600	Capitol						PC	3:00	6	3:30		6:30	
6/4	0900 1200	Sacramento							8:75				8:75	
6/10	0926 1445	Sacramento							16:50				16:50	
(10) SUBTOTALS									55:25		96:80		152:05	
COLUMN CODE (APPLICABLE USE ONLY)														

CLAIM TOTAL													\$152.05	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/27/09: Meet w/Assm. Member Gilmore. Parking=\$3.00 4/30/09: Meet w/Assm. Housing & CID Atty Group. Parking=\$9.00 5/5/09: Sen. Judic. Hearing on SB 105. Parking=\$3.00. 5/7/09: Meet w/Department of Finance. Parking=\$3.00 5/12/09: Asm. Judic. Hearing on ACR 49. Parking=\$3.00 5/20/09: Probate Training in Oakland from Davis, and return mileage. Parking=\$3.00. 5/21/09: Meet w/ Asm. Judic re SB 105. Parking=\$3.00 6/4/09: Archive research performed by student. Reimbursed her parking=\$8.75. 6/10/09: CLRC Meeting. Parking=\$16.50 (receipt attached).													(12) NORMAL WORK HOURS	
													(13) PRIVATE VEHICLE LICENSE No.	
													(14) MILEAGE RATE CLAIMED 55 ¢ per mile	
													AGENCY ACCOUNTING OFFICE USE ONLY	
													PAID BY REV. FUND CHECK NO.	

(15) HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the of the State of California. If a privately owned vehicle was used, and if mileage rates exceeded the minimum rate, I certify that the cost of operating te vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety seat usage

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE